

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035099

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

645

FILED SEP 27 1963

1. PLACE OF DEATH

a. COUNTY Boone

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN Columbia

Length of stay in lb  
Lifetime

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 1805 Bettina Drive

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Boone

c. CITY OR TOWN Columbia

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (if outside, give location)  
1805 Bettina Drive

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last  
ROBERT MARION RICE

4. DATE OF DEATH Month Day Year  
September 21, 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5-22-1886

9. AGE (last birthday) 77

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired State Dairy Products Employee

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Boone Co., Missouri

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

J.T. Rice

13b. MOTHER'S MAIDEN NAME

Annie Elizabeth Garrett

14. NAME OF HUSBAND OR WIFE

Byrd Jane Calvert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

17. INFORMANT

Mrs. Robert M. Rice, Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a); (b); and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH  
INSTANTANEOUS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CORONARY OCCLUSION

DUE TO (c)

Arterio-sclerotic Heart Disease

? years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY STATE

21. I attended the deceased from Aug 4 1952 to DATE and last saw him alive on 20 Sept 1963  
Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
Charles A. Beek M.D.

22b. ADDRESS

Columbia, Mo

22c. DATE SIGNED  
9-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
9-23-1963

23c. NAME OF CEMETERY OR CREMATORY

Sulphur Springs Cemetery

23d. LOCATION (City, town, or county)

Howard County, Missouri.

24. FUNERAL DIRECTOR

Parker Funeral Service, Columbia, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Sept 23 1963

26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

USE BLACK INK.

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

1 0109

2 0109

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9 4200

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12 90-0

13 3-0

NOV 26 1963

8010  
8010

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0-09

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George R. Kerby

Licensed Embalmer No. 4752

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.